

Exhibit W

1 DEPARTMENT OF POLICE ACCOUNTABILITY

2 DPA CASE NO.: 0164-16

4 INTERVIEW OF: LIEUTENANT MARIO MOLINA, #1586, PART ONE

5 DATE OF INTERVIEW: 04/20/2018

8 INV. STONECIPHER: This interview is regarding DPA Case
9 number 0164-16, and it's taking place at the Department of
10 Police Accountability on April 20th, 2018, at 10:03 a.m.
11 Conducting this interview is Investigator Matt Stonecipher. I
12 work for the Department of Police Accountability. I've been
13 designated by the Police Commission to conduct this
14 investigation. Also present is...

15 SR. INV. VILLARREAL: Carlos Villarreal, Senior
16 Investigator.

17 INV. STONECIPHER: The member being interviewed today is
18 Lieutenant Mario Molina, Star number 1586, who is here today as
19 a subject matter expert, speaking on the Crisis Intervention
20 Team. Officer Molina, earlier, I provided you with this
21 Administrative Advisements form.

22 LT. MOLINA: Sure.

23 INV. STONECIPHER: Which you have now signed and
24 returned to me. I will be placing this back into the DPA file.
25 With these advisements in mind, is there any reason you cannot
26 go forward with the interview at this time?

27 LT. MOLINA: No.

28 INV. STONECIPHER: Okay. And Lieutenant Molina, how long

1 have you been a police officer for?

2 LT. MOLINA: Goodness, about [REDACTED], since [REDACTED].

3 INV. STONECIPHER: Okay. And did you have a career prior
4 to joining SFPD?

5 LT. MOLINA: Yes, I did.

6 INV. STONECIPHER: And what was that?

7 LT. MOLINA: I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

9 INV. STONECIPHER: How long was that for, between what
10 years?

11 LT. MOLINA: From [REDACTED] [REDACTED] [REDACTED].

12 INV. STONECIPHER: And do you understand that your
13 interview today is as a subject matter expert, regarding the
14 SFPD Crisis Intervention Team?

15 LT. MOLINA: I do.

16 INV. STONECIPHER: I understand the CIT training changed
17 substantially on or around December 2016. So, as we go through
18 the questions, I would like to know answers from how the
19 training was before December 2016, and how the training might
20 have changed after that date.

21 LT. MOLINA: Okay.

22 INV. STONECIPHER: Let me see here. I've got a printout
23 from the SFPD website regarding the Crisis Intervention Team.

24 LT. MOLINA: Sure.

25 INV. STONECIPHER: Okay. Let's see here. You were
26 listed...and this is the second page. So, you were listed as the
27 Crisis Intervention Team Coordinator.

28 LT. MOLINA: I am, yes.

1 INV. STONECIPHER: Okay. Is that still your position?

2 LT. MOLINA: It is.

3 INV. STONECIPHER: Okay. And when did the Crisis
4 Intervention Team start with SFPD? Do you recall?

5 LT. MOLINA: My understanding is that back in 2010, the
6 Police Commission convened a meeting with stakeholders that
7 included the Public Defender's Officer, the DA's Office, at the
8 time, OCC, the Police Department, and other city agencies, to
9 look into a program in crisis intervention. That's the history
10 that I understand from, talking to people that were in charge of
11 the program before I did, came into place. There were two
12 choices at the time. One was the Memphis Model and the other one
13 was the LAPD Model. So, the group was split-up. People were sent
14 to Memphis to look at what Memphis was doing, and other people
15 were sent out to L.A. to look at what LAPD was doing, as far as
16 crisis response.

17 Upon their return, they convened again. I think as
18 Commissioner Chan was the President of the Police Commission at
19 the time, that's from hearing people talking about it. They had
20 a meeting regarding both programs, and they decided to go with
21 the Memphis Model, which was the 40 hours, and that's how it
22 started. So, the first class started back in 2011.

23 INV. STONECIPHER: Okay.

24 SR. INV. VILLARREAL: So, what was, you said the Memphis
25 Model was 40 hours?

26 LT. MOLINA: 40 hours.

27 SR. INV. VILLARREAL: And what does that mean?

28 LT. MOLINA: 40 hours of lecture. So, basically, the

1 training is composed of 40 hours and it entails mental health
2 science and symptoms, recognizing those, PTSD, suicide by cop.
3 They are some of those subjects that are being taught to the
4 officers during the program; it's 40 hours. I think, at least, I
5 want to say that at least six to eight hours are role-playing,
6 where the officer actually engages in some type of activity, a
7 simulation of the incident.

8 INV. STONECIPHER: Okay. So, again, just to clarify,
9 were you involved with the CIT program from the beginning, from
10 its inception?

11 LT. MOLINA: No. No, I was not.

12 INV. STONECIPHER: Okay. And other than coordinator, do
13 you have any other roles with the Crisis Intervention Team?

14 LT. MOLINA: Yeah, I do. As of right now, the program
15 has evolved, and different aspects of it. I over see the
16 training. I have two sergeants that are assigned to the
17 training—Sergeant Laura [Colleen] and Sergeant Donald Anderson.
18 Sergeant Anderson oversees the 10-hour field training
19 assessment, field tactics training that has been added to the
20 Department. It's a mandatory training that the Department has
21 implemented for officers to attend, and basically, we discuss
22 the [unintelligible] policy, and then we do a threat assessment
23 training with lectures and videos in the morning sessions, and
24 then in the afternoon, we do scenarios, where officers respond
25 to different locations, based on prior calls for service. We re-
26 created the scenarios to implement what they learn in the
27 morning; they apply it in the afternoon, basically, with role
28 players and simulated guns, less-lethal guns—like you are

1 responding to a call. [redacted] [redacted] [redacted] [redacted] [redacted]
2 INV. STONECIPHER: Got you. Okay. And do you recall how
3 you got involved with CIT in the beginning?

4 LT. MOLINA: I was asked to [re-pilot] it. Back in 2014,
5 I was promoted to Lieutenant, and I think it was July 2014, and
6 soon after, I was transferred to Bayview Station as a swing
7 watch lieutenant. [redacted] [redacted] [redacted] [redacted]

8 INV. STONECIPHER: Yeah.

9 LT. MOLINA: And a few months later, I got a call
10 from...at the time, it was Assistant Chief Lyn Tomioka. She goes,
11 "Hey, what are you doing? Can we have lunch?" I said, "Sure,"
12 so, I went and had lunch. [Unintelligible] Tomioka and I were
13 partners together in the Mission in '95, and then she asked me
14 if I wouldn't mind taking over the program. She knew about my
15 background prior to becoming a police officer. I have a BA
16 degree in child developmental psychology and also a master's
17 degree on marriage and family counseling, and [redacted] [redacted]

[redacted] [redacted] [redacted] [redacted] So, she
19 was familiar with my background on that aspect. So, she goes,
20 "Do you mind taking over the program?" I said, "Well, okay."
21 What are you going to do? Right? You're asked to take over
22 programming, and I said I would.

23 I attended the class. I think it was the latter part of
24 2014. I attended the class as a student, and at the time, it was
25 being coordinated by Lieutenant, now Captain Dominic Yin, who
26 has taken it over from Commander Rich Corriea. I think he was
27 the prior CIT commander, in-charge of the program. So, I
28 attended the class. It was kind of like a training session.

1 You're a student, but you're also learning how to organize the
2 training and everything. Assistant Chief Tomioka was still
3 pretty much in charge of it, and then she brought me up to the
4 work group meetings at 870 Market Street, Room 781, and
5 introduced me as the new coordinator to the work group, and
6 that's how everything started.

7 INV. STONECIPHER: What's at 870 Market? What's that?

8 LT. MOLINA: It's the San Francisco Mental Health
9 Association.

10 INV. STONECIPHER: Okay.

11 LT. MOLINA: They host the meetings for us.

12 INV. STONECIPHER: Okay.

13 LT. MOLINA: They're an advocate and stakeholder in the
14 work group, and [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]

17 INV. STONECIPHER: Okay.

18 LT. MOLINA: So, I was brought up to the group. I was
19 introduced as the new lieutenant in-charge, coordinator of the
20 program, and that was that. Then I began talking to all the
21 stakeholders at the time. We had [REDACTED], who was the chair
22 of the group. You have NAMI on the table, you had the
23 San Francisco Mental Health Association, the Public Defender's
24 Officer. [REDACTED] was very active from the Public
25 Defender's Office. She was the coordinator for the behavioral
court and she was the chair of the [curriculum] committee.

27 And you had [REDACTED], also from the Public Defender's
28 Office. He is the coordinator for the psychiatric emergency

1 hearings that people undergo. Once you get 5150 in the city,
2 they have up to 72 hours to have Mental Health mentally evaluate
3 you. Then, after those 72 hours, if they still feel like you
4 need more treatment, they will have a hearing on your behalf to
5 see whether you have to stay there, because obviously, civil
6 rights are involved. So, [REDACTED] [staffed] those hearings. So,
7 he was part of that group too, and he's still part of the group.

8 You have [REDACTED], who at the time, was part of the
9 Dore Clinic. So, you have an array of people who will come
10 together every [REDACTED], and meet and
11 discuss the training, discuss the policy at the time.

12 [Summer Ferrin], who is the attorney, one of your
13 attorneys, was writing the policy for CIT; she was doing the
14 draft. So, I was introduced to her, and as a matter of fact,
15 we've been [getting] meetings here and specifically about
16 policy, drafting the policy, and looking at different Models and
17 what will work for us.

18 SR. INV. VILLARREAL: If you don't mind? I don't know if
19 you have it down there, but just, before you go into the CIT or
20 headed it up, could you go through what your positions were with
21 the Department?

22 LT. MOLINA: Sure. In '95, [a year later] from the
23 Academy, I went into the police department in '94. I graduated
24 from the police Academy in '95, and I was sent to Central
25 Station as a recruit in training. I completed my FTO training
26 there at Central, and I was transferred to the Mission Station,
27 I would say, mid-'95, and I began working patrol. At the time,
28 since you're new, you go through different partners, because it

1 always happens that you don't have a steady partner. So, I
2 worked with, at the time, Officer Tomioka, Officer Schmitt, who
3 is now a Deputy Chief, so with different partners.

4 There was a lot of gang violence in the Mission, but I knew
5 a lot of those kids, [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED]. [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] So, I was very
9 familiar with them, and I'd see them on the streets, and the
10 Captain goes, "Hey, you seem to know all these guys." I said,
11 "Yeah." "Do you mind just joining the plainclothes unit and
12 helping out with the gang unit?" And I said, "Okay," and that
13 was it.

14 From then on, I joined the plainclothes unit and worked, I
15 would say, from '96 until I got promoted to sergeant in 2008,
16 narcotics and gangs in the Mission District. Well, the Mission
17 was from '96 to about 2001, 2002, and then I was transferred to
18 the Gang Task Force as an officer. I was there until 2008, then
19 I was promoted to sergeant, and I went back to patrol. So, I was
20 on patrol for a little bit out of Ingleside, and after about
21 eight, nine months as a sergeant there, I was asked to come back
22 to the Mission District and work, being an investigator. That
23 was the time that the Department was rolling out the
24 Investigation units from 850 Bryant into the district stations.
25 I don't know if you guys were with the Department here and you
26 knew how that transpired?

27 So, I was assigned to investigate cases in the Mission
28 District as a CIT investigator, special investigator team, and

1 then I was asked to take over the Plainclothes unit in Mission;
2 half of it. I had half and another sergeant had another half,
3 and then it got too much that we can...

4 INV. STONECIPHER: ... I think you might have touched on
5 this a little bit, but can you just clarify again, like why was
6 the CIT program initially, I guess, instituted with SFPD?

7 LT. MOLINA: ... My understanding is that, well, as you guys
8 know, we used to have a program called PCIT. I don't know if you
9 knew that? Police Crisis Intervention Training, from 2002 to
10 about 2009. The police department had a program already. Classes
11 were held at the [REDACTED] and my understanding is that we
12 trained over 900 officers in that. It was similar to the Memphis
13 Model, but it was not called the Memphis Model.

14 And then, in 2010, and this is, I have no proof of this,
15 but my understanding is that Chief Gascon stopped that program.
16 Then we had two high-profile cases, the [REDACTED] case and
17 another shooting in the Metreon, at 4th and Mission. Right? Then
18 people started asking questions, "What are we doing about crisis
19 training, crisis response?" And that's how, in 2010, these
20 groups were convened to look into different programs across the
21 nation.

22 INV. STONECIPHER: ... Okay. I just kind of want to go into
23 your, well, you talked about it a little bit, but I just want to
24 talk about your training and experience.

25 LT. MOLINA: Uh-huh.

26 INV. STONECIPHER: ... You, of course, attended POST-
27 certified Regular Basic Course at the Police Academy. Is that
28 correct?

1 LT. MOLINA: Yes.

2 INV. STONECIPHER: Okay. And then, after the Academy, and
3 before you started getting involved with CIT, can you just kind
4 of discuss any other kind of substantial other training that you
5 had, you can recall?

6 LT. MOLINA: Well, before that, I had academic training.
7 Right? Like I stated before—actually, I have an [REDACTED] in
8 [REDACTED] [REDACTED] [REDACTED] [REDACTED],
9 and then I have a [REDACTED] from [REDACTED]
10 [REDACTED], and I have a [REDACTED] from [REDACTED]
11 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]. They get
16 released back into the community, but before they get into the
17 community, they go through a transition period [REDACTED]. We
18 have a few of those houses here in San Francisco, and it's
19 coordinated by the Progress Foundation.

20 So, they're there for two weeks, where they get stable to a
21 degree, where [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

1 INV. STONECIPHER: Now, you said you worked patrol. How
2 long did you work patrol for?

3 LT. MOLINA: Well, if we call patrol plainclothes,
4 because I would say '94 until I got transferred to the
5 Behavioral Sciences. I'm sorry, I forgot about the Behavioral
6 Science Unit. In 2014, as a lieutenant at Bayview, before I
7 became this, I was transferred to be the OIC of the BSU unit for
8 San Francisco. Sorry, I forgot about that. So, I don't know if
9 you're familiar with the BSU?

10 INV. STONECIPHER: A little bit.

11 LT. MOLINA: It's the unit that provides services to
12 officers.

13 INV. STONECIPHER: Okay.

14 LT. MOLINA: And then we have substance abuse, right,
15 compliance? Then we have the chaplains. We have the catastrophic
16 illness program; there's like six programs I'm trying to
17 remember off the top of my head. So, since I was involved with
18 the CIT, right, I asked my boss, I said, "Hey, this is taking a
19 lot of the time from patrol, right, overseeing this program."
20 They go, "Okay. So, we're going to transfer you to be the
21 officer in-charge of the Behavioral Science Unit that oversees
22 those services for police officers." Completely disconnected
23 from CIT, right, because CIT is for the community and BSU is for
24 the officers, but I brought CIT with me to that unit.

25 So, I was stationed out of Treasure Island as the
26 lieutenant in charge of it, because that program requires
27 confidentiality. We want to have the program where officers can
28 feel free that if they go there, they're not going to be seen by

1 other officers, because there's so much stigma around substance
2 abuse and mental health. Right? So, that program is still at
3 [REDACTED] [REDACTED] So, I was there for about six months, but I got
4 more involved into CIT. Right? CIT was taking a lot of my time,
5 more than it was taking the Behavioral Science Unit, and it was
6 affecting a lot of patrol, because the training involved patrol
7 officers on the street.

8 So, I asked my bosses to say, what are the chances of
9 moving along to FOB-Field Operations Bureau? And they agreed
10 with me, because the people that get the most affected by the
11 training are the patrol officers. So, it makes sense for me to
12 be working patrol, so I can see the scheduling. I can see the
13 events scheduled throughout the city every year, so I can
14 coordinate my training accordingly, because there's so much
15 going on in the City, as you guys know. So, I was transferred to
16 Field Operations Bureau, which gives me a chance to work the
17 sergeants that are in-charge of doing the event coordination for
18 the City, throughout the year. So, by being there, I'm able to
19 actually see what is available for CIT training, other trainings
20 that we provide. So, I was transferred to do that, I was
21 transferred to FOB. Now, it's easier for me to coordinate
22 training when I'm [part] of the Patrol Division. I don't know if
23 I answered your question.

24 INV. STONECIPHER: Let's see here. Have you had any
25 training or education regarding teaching or academia, in that
26 regard? You might have touched on it briefly.

27 LT. MOLINA: Yeah. I have taught for the police
28 department, I was a gang expert for a long time. And I taught

1 the new recruits about gang culture, gang signs and symbols,
2 criminology around gangs. I taught from, I would say the late
3 '90s to the mid-2000s, 2006, 2007. I also have a training
4 certificate from POST, as an instructor for the Police Academy,
5 so I'm an instructor for POST. I teach, well, I taught gang
6 awareness to parents. At teacher-parent conferences, I attended,
7 I provided classes to teachers on how to recognize gang culture,
8 gang membership at Mission High School, [unintelligible].
9 Newcomer High School, which now, I think it's called something
10 different, but back then it was called Newcomer. You had new
11 immigrants coming into San Francisco, they placed into the
12 school, it's called Newcomer, and they learned ESL. Some of them
13 had some ties to gangs and stuff, so I was invited to talk to
14 the parents on how to recognize signs and symbols of gang
15 culture.

16 I also, since I joined CIT, I've been part of the training.
17 I do an hour in the 40 hours, where I talk about how we got
18 here. I give stats on how we are doing across the City with the
19 training. Who's training, who needs to be trained, what person
20 [unintelligible] we have to distribute our CIT across the City,
21 CIT officers. I also get into the mental health aspects of it.
22 How many people, the San Francisco Police Department 5150 a
23 year. We are about 4,000 every year. We're pretty much
24 consistent. We are about 4200 to 4300 a year, that's just the
25 Police Department.

26 So, I teach about that and I talk about mental health
27 across the United States, and how it's affecting everyone. One
28 in four families gets affected by mental health issues. It

1 doesn't have to be a major mental health issue like
2 schizophrenia, bi-polar disorder, or any other type of disorder,
3 but it's just like a common break-up, you know, depression.
4 Right? You go through a break-up and sometimes you're not right
5 for a while, because all this stuff, the emotions that are going
6 on. So, I talk about that. I also talk about the training, how
7 we got there, how we got here, and what we're doing.

8 And we're also working with the Department of Public Health
9 right now. The late mayor, Ed Lee, asked DPH to work with the
10 Police Department, and there was an MOU that was generated,
11 based on that request that allows SFPD and DPH to work together,
12 on responding to people in crisis, and some other programs that
13 we have with them. So, I explained that. I talk about the
14 relationship between DPH and SFPD, and we get into responding to
15 crisis, the do's and don'ts and so forth. So, that's my first
16 hour in the training.

17 I also assist with the scenarios. I oversee some of the
18 scenarios, give feedback. The latest [trains] on teaching
19 scenarios [teaches] that if an officer is doing something that
20 is not productive or is not within policy, you stop it, and you
21 ask him, "Hey, what's going on through your mind? Why is this
22 happening? Why are you not using this way? Why are you not using
23 that?" And that's the best way now. If you look at different
24 trainings on teaching, that you stop the scenario right away, so
25 the officer has the chance to reflect on what's going on. Then
26 you say, "Okay. Come back and start all over again," instead of
27 letting the scenario go through. Then he will actually not learn
28 anything, because he did it wrong. Right? So, we want to stop it

1 before that happens, and come back and re-do it. So, I oversee
2 that. I want to make sure that all the officers are in-touch
3 with all the policies and procedures when they're responding to
4 calls.

5 INV. STONECIPHER: And did you develop any of the
6 curriculum for the CIT program?

7 LT. MOLINA: I assisted. We have a curriculum committee
8 for the CIT. So, when I joined the program, it was [REDACTED]

[REDACTED] the Public Defender was the chair for the Curriculum
10 Committee. Another member of the group was [REDACTED],
11 [REDACTED], from NAMI, and she was a director of Community
12 Engagement for NAMI. She was also part of the curriculum.

13 SR. INV. VILLARREAL: I'm sorry. What's NAMI?

14 LT. MOLINA: NAMI is the National Alliance of Mental
15 Illness, which actually, is one of the leading agencies on
16 dealing with mental health and providing support to families
17 across the nation that have kids and family members with mental
18 health. So, it was born here in San Francisco, [unintelligible],
19 and now has spread throughout the nation, across the world
20 actually. [REDACTED] was part of the curriculum. We also had
21 [REDACTED], she was part of the curriculum. I became part
22 of the curriculum, and [REDACTED] [REDACTED], he was
23 also part of the curriculum. So, they're the ones that revised
24 it, so it's not just one person. It's a group of individual
25 stakeholders that get together and discuss what's going on with
26 the [destructions].

27 INV. STONECIPHER: And did you attend any seminars or
28 training outside of SFPD, to kind of prepare yourself for taking

1 a position in this program?

2 LT. MOLINA: I have attended conferences. The last one
3 was last year, the CIT, the State conference in San Bernardino,
4 California. It's a three-day conference, and we talk about the
5 current mental health issues across the United States, best
6 practices, police training. So, basically, what it is, is it's
7 not so much like you just sit there and listen to people talk,
8 but it's very interactive. You go there, you meet, there's like
9 all-group conferences, and then you split-up in different
10 groups, and you choose to go, whatever topic you want to choose,
11 so it's good training. I have attended training with [REDACTED]
12 [REDACTED], back then, [and that stuff], but there was a training
13 that was put on every so often about mental health in
14 San Francisco. She was the coordinator; I can't exactly remember
15 the name. That's about it. I don't have any more training, my
16 prior academic training.

17 INV. STONECIPHER: And what drew you to become so
18 involved with the CIT program?

19 LT. MOLINA: What?

20 INV. STONECIPHER: What drew you to become so involved
21 with the CIT program?

22 LT. MOLINA: I was asked to do it in the beginning, and
23 I had some already roots before becoming a police officer. So, I
24 feel good about it, because I felt like I have walked in both
25 shoes as a counselor, in providing assistance and treatment, and
26 as a police officer. So, I felt like I've done both, so I can
27 relate to both groups. I feel I understand what's going on, on
28 one side, and how one side doesn't know what the other side

1 does. So, I feel like, okay, well, I maybe can shed some light
2 between the two jobs and how we can train, because clinicians
3 get trained to respond to crisis and look at different things,
4 environments. What's causing this person to go off? What's the
5 triggers? What are the [hooks]? How can we calm this person
6 down.

7 Police officers' basic training is more like you respond to
8 a crisis, when it's actually here. It's peaked out already
9 because the person's out of control, and that's why they call
10 you. Right? That's why they call the cops, because the situation
11 is getting out of hand, and they want the officer to come into
12 that situation. And we are trained to control, to focus on the
13 person so much, and not so much on what's going on around them,
14 but just focus on the person, right, because he or she is the
15 one that is going through the crisis. It's different approaches
16 in how we approach crisis. So, as a police officer, you give
17 instructions like, "Stop doing that. Sit down. Put your hands
18 behind your back."

19 And sometimes, because of mental health, people can't
20 comply with that or don't understand it. Because of the same
21 illness, they might have voices in their head, like if they
22 suffer from schizophrenia, so they already have voices talking
23 to them, and then you have officers coming and telling them to
24 do something, and now, that voice gets muffled. So, which one
25 are they going to follow? So, that's what the training's all
26 about. Right? To see that, to understand that, and to check with
27 them and say, "Hey. Can you hear my voice?" And see if the
28 person reacts to it, because there might be so much going on

1 with them, drugs, it might be so much, so that's part of the
2 training. So, that's basically what I feel I can contribute from
3 both sides.

4 INV. STONECIPHER: So, a hypothetical situation. So,
5 let's say I'm an officer and I come to you prior to December
6 2016, and I ask you, what is the CIT program and how is it going
7 to benefit me as an officer, and what do I need to do to become
8 certified? What would you say?

9 LT. MOLINA: Well, prior to 2016, so, the program had
10 [unintelligible]. When I took over the program, it was a
11 volunteer program. Like officers were not mandated to go,
12 because the Memphis Model specifies that in order for the
13 program, in their views, to work, the officer has to volunteer
14 to attend, and they want 20 percent of each department to be CIT
15 trained. So, when I took over the program, the methodology that
16 was being used by the Department was to send out a memo stating
17 that a training was going to be held on crisis intervention, and
18 for platoon commanders, lieutenants, and sergeants who were in
19 charge of the stations, to ask for volunteers to attend, for
20 officers that wanted to, because that was the best approach.
21 Right? That if you volunteered to do something, more likely,
22 you're going to be good at it than being forced to go.

23 So, that was the process. Officers would volunteer; they
24 had a minimum of three years of work experience on the street.
25 Memphis felt like you needed that as a police officer, to have
26 at least three years' experience, so you understand what the
27 dynamics is on the street. Responding to calls, you have prior
28 experience of doing that. So, that was the process. So, that's

1 what I started doing, right when I was in charge of it. I sent
2 out a memo requesting the captain and lieutenants to ask
3 officers to volunteer for the program. I will get emails back
4 and say, "Okay. So-and-so is coming, so-and-so." Sometimes I
5 would just get people showing up on the day. But their minimum
6 was two officers per station, and that's how the process worked
7 for a while.

8 But I wanted to improve that, because I felt like there was
9 a lot of gaps and things happening. Sometimes we had
10 demonstrations, and officers were not able to attend and so
11 forth. So, I said, "Okay. Well, let's just tenderize this. Let's
12 design a better way to deal with this." And at the time, we just
13 decided to ask so-and-so from each district, ask for two
14 officers from the day watch, two officers on swing watch, so
15 we're ensured that everybody was covered, that CIT was going to
16 be working in each watch; a CIT officer was going to be working
17 on each watch. I got together with [unintelligible], but I sent
18 out information to lieutenants saying that every six months, the
19 police department does sign-ups. I don't know if you're familiar
20 with that? Where officers get to choose what hours they want to
21 work, based on seniority. Like if you're working day watch, you
22 can switch to swing watch, if you want, every six months; you
23 can change that. So, obviously, that affects how CIT officers
24 are distributed across the city, because if you move specific
25 hours, that's going to leave me a little gap here. So, I talked
26 to the lieutenants in charge of doing the scheduling, to ensure
27 that, in fact, they are making sure that CIT officers are
28 working each watch.

1 INV. STONECIPHER: Okay. So, I just want to kind of talk
2 about the nuts and bolts of the CIT course. We might be
3 rehashing a couple of things that you've already spoken about,
4 but again, just to clarify, how long is the training?

5 LT. MOLINA: The training is four days, ten hours a day.

6 INV. STONECIPHER: And do officers attend in full
7 uniform?

8 LT. MOLINA: No, it's semi-formal attire. Back in 2016,
9 we're talking about 2016. Right?

10 INV. STONECIPHER: Yeah, yeah, December 2016.

11 LT. MOLINA: Before that.

12 INV. STONECIPHER: Yeah.

13 LT. MOLINA: Yeah. So, informal attire like slacks and a
14 dress shirt.

15 INV. STONECIPHER: And was training conducted at the
16 Academy during that time?

17 LT. MOLINA: No.

18 INV. STONECIPHER: Where was it?

19 LT. MOLINA: When I attended back in 2014, it was
20 conducted at the County Fair Building, at the Arboretum in
21 Golden Gate Park. So, that was conducted there, and then I moved
22 it, because they were charging us a lot of money, and I moved it
23 to Lake Merced, because one day, I couldn't book it at the
24 County Fair, and they said, "Well, Lake Merced is open." So, I
25 went to look at that facility and said, "This is great." Because
26 the reason why it's not conducted in the police facility at that
27 time, was because we wanted to avoid destructions. You know,
28 you're there to learn about mental health and how to approach

1 crisis and everything, and I don't want officers in uniform or
2 other people talking to other classes that were going on at the
3 same time. So, if I have any off-police facility, we thought it
4 was the best approach, so we hired Lake Merced, and they charge
5 the same amount of money that they was charging us at the other
6 place.

7 INV. STONECIPHER: How many officers generally attend at
8 one time?

9 LT. MOLINA: Anywhere between 20 to 30 plus.

10 INV. STONECIPHER: You were saying, and again, this is
11 prior to December 2016, but attendance was voluntary at that
12 point?

13 LT. MOLINA: Yeah. Well, they were asked to attend. So,
14 if I was the lieutenant at Bayview, and I said, "Hey, CIT
15 training is coming up next month, who would like to attend the
16 training? It's 40 hours." And sometimes, officers volunteered,
17 sometimes they didn't volunteer, so okay, I'm going to choose
18 somebody. So, they were then told to go.

19 INV. STONECIPHER: Right. But you were saying, and just
20 correct me if I'm wrong, but each station was required to have a
21 certain number of CIT trained officers?

22 LT. MOLINA: Yes. Each station was required to send
23 somebody.

24 INV. STONECIPHER: Okay. And what was that number again?

25 LT. MOLINA: At least two.

26 INV. STONECIPHER: Two. And how does an officer apply to
27 attend? Is it just an email-back in December of 2016?

28 LT. MOLINA: Back then, they were asked, or they can

1 come up to the training sergeant. Each district has a training
2 sergeant, and they can come up and say, "I would like to attend
3 the CIT training," and they will contact me and we will enroll
4 that person.

5 INV. STONECIPHER: And how many teachers teach the
6 course?

7 LT. MOLINA: My goodness. Well, back then, there were a
8 lot of people. I can send you the faculty roster if you want. I
9 cannot tell you off the top of my head right now.

10 INV. STONECIPHER: Okay.

11 LT. MOLINA: But there was volunteers. You have, just to
12 give you a glimpse of what was going on, the program was based
13 on volunteers, faculty staff, so they were not getting paid. So,
14 that was another obstacle that we have, that these people were
15 coming out of their own goodwill to come and teach. So, we have
16 to coordinate with different doctors, advocates, panelists,
17 because we have different topics. I wish I had a syllabus. They
18 tell you all the different array of classes that we offer to the
19 officers. But we also have panelists. We have a panel from NAMI,
20 family members of people that suffer from mental health will
21 come in and present about their experience with the police
22 department, whether it was good or bad, in front of the
23 officers. We also have a group called SOLVE, S-o-l-v-e, Sharing
24 Our Lives, Voices, and Experiences. Basically, what they do is
25 just they come and talk about their own experiences as consumers
26 of mental health treatment, and they speak for an hour. We have
27 at least three or four that come, and everyone gets about 15
28 minutes to speak to the officers about their experiences with

1 the police department, and how they felt, and how they were
2 treated; it can be good or bad.

3 To me, it puts a face to the illness, because if you go to
4 a class and you hear about mental health, okay, okay, well, we
5 know you hear about what signs and [unintelligible], and so
6 forth. But when you have a person coming and telling you, "Hey,
7 I'm a professor at UCSF and I'm bi-polar, and I've been able to
8 do this." And you see this person, and you go, you would never
9 cross in your mind that this person, because of so many
10 stereotypes that are in our community about who is mentally ill
11 and who is not. Right? You have the person come in a suit and
12 tie and say he's a professor at UCSF. That's the last person you
13 think, "Uh, that person is suffering from mental health issues."
14 And you have that type of panelist coming in to the officers and
15 saying, "Hey, it's not just the guy laying on the sidewalk,
16 homeless, with substance abuse that has mental health issues.
17 It's people that are teaching people that are very pro-active in
18 the community that also suffer from mental health, and they can
19 succeed."

20 So, we want that. We want that for the officers to
21 understand that, to put a face to the illness. We also have
22 members of the police department that come and talk about their
23 own experiences with family members that suffer from mental
24 health. We have families from, like I said, NAMI, and from
25 SOLVE, and also from the community organizers. We have Lena
26 Miller that's the director of Bayview Mental Health, not Bayview
27 Mental Health, Family, on-site Family program in the Bayview,
28 and she comes and talks about drugs and trauma. What's it like

1 to be growing up in the Bayview District with all the violence
2 and drug use, you know, how that affects the juveniles there,
3 and members of the community. So, we have an array of different
4 faculty.

5 Then we have doctors, Doctor [REDACTED], who is an expert
6 on PTSD. He teaches at Palo Alto University, and he talks about
7 PTSD. In 2016, we discussed bias, implicit bias. We said, "I'm
8 looking into implicit bias, and how social media and communities
9 are talking about how biased the police department is." So, I
10 said, "Why don't we create something around implicit bias and
11 PTSD?" So, [we] said, "You know, that's a good idea. Why don't
12 we talk about that?" and we implemented that. We discussed that
13 with the [Recon] Committee, and we agreed that the officers
14 would benefit from an hour of implicit bias training, and it
15 actually worked out very well. The officers are very much
16 engaged, because when you look at the research and the [study]
17 done on that, actually, police officers had the less bias when
18 responding to that, because of the training that they undergo.
19 He talks about different status, one from Stanford, the other
20 one from a study that was done with the Oakland Police
21 Department, when they [unintelligible].

22 So, it's a very engaging topic, very emotional too, because
23 obviously, there's people calling us racists. Right? Police
24 officers are racist and this and that. So, when we take apart
25 the research, and we see that the regular person responds the
26 same way that a police officer does, but the police officer
27 doesn't shoot as much as the other person does. He talks about
28 the constant aspects of being a police officer. You know over

1 and over and over, you hear the same description, the subject is
2 usually an African male, over and over. You see how that affects
3 you. How do you react to situations like that? How does that
4 affect you when you work in a district where the predominant
5 race is either Latino, white, or black, or whatever it is, or
6 Asians, right, when you're exposed to the same people over and
7 over again? And you know how people misconstrue that, how you're
8 being racist, you're only arresting black males. How do you look
9 at the different numbers of people that are committing crimes?

10 So, it's very much involved. Officers get very much
11 involved with it, because like, "Okay. How come you don't teach
12 this class to the community? How come the community doesn't see
13 this?" It brings a lot of flavor to the class, for lack of a
14 better word, because it makes their job [unintelligible]. This
15 is the reason why people are talking about this bias, because
16 it's an unconscious reaction. The danger is when you use your
17 implicit bias to be explicit. When you do something just because
18 of the races, because of the stereotype of whatever.

19 So, we tell the officers, "Hey, there's a fine line here.
20 The implicit bias is just what you have, and it's a mechanism
21 that you and I have. You choose to eat breakfast. Do you want a
22 bagel or you want scrambled eggs?" That's something that you
23 don't even think about, that you just react to it. What we want
24 is, like when you're choosing the eggs, are you choosing the
25 eggs just because of specific reasons? It's just the same
26 dealing with people. Right? We all deal with people in certain
27 ways, but if you decide to be more enforceable in this specific
28 group, just because of their race, then that's explicit bias.

1 But implicit bias is hey, you stop somebody, he just happened to
2 be African American. He just happened to be Latino. That doesn't
3 mean that you're being racist, that means that you're acting
4 unconsciously. You see a violation, it doesn't matter what the
5 person looks like. You stop the car because he committed a
6 violation, you're just reacting to it. So, there's [stats] and
7 officers really get engaged in it. So, that's one of the basic
8 classes that we have, it gets good reviews from him.

9 We also have suicide by cop. You know, 35-percent of the
10 shootings across the nation are considered suicide by cop. So,
11 when you look at the stats, I don't know if you guys are
12 familiar with the study that was done by SFPD back in 2005 to
13 2009?

14 INV. STONECIPHER: No.

15 LT. MOLINA: Good reading. If you guys want to look into
16 the police department and how we dealt with situations back
17 then, it's a good report. It's about 145 pages, so, it takes a
18 long while to read it, but it talks about suicide by cop. We
19 looked at 15 different shootings involving 26 officers, and at
20 least four of those incidents were suicide by cop, based on what
21 the person said or did prior to the officer's arrival. We
22 learned about the distance, you know, how close were the
23 officers to the person when the incident happened? It showed
24 that we have half of the incidents—I think that eight of the
25 incidents happened within five feet of the officer, and at least
26 7 of the incidents out of the 15 happened at the time, happened
27 within 60 seconds of arrival.

28 So, that's why we created the time and distance de-

1 escalation. Right? If I know that my department...you are an
2 officer from SFPD and I'm an officer from SFPD, we basically had
3 the same training. If I know that training has proven this in
4 the past, you can foresee the future. Right? So, if I can learn
5 from the history, we can try to change the future, as far as the
6 training, and how we're teaching our officers in de-escalation,
7 and how to respond to crisis, creating time and distance,
8 creating a plan if feasible. Right? Because sometimes, you don't
9 have a chance to do anything, but just to act when you get
10 there.

11 So, looking at this study, I shared that with the class,
12 the study, that I wasn't sharing back then to [insisting] that's
13 something new, that I had picked out, as I got much involved
14 with the training. So, we can learn from our history. So, that's
15 one part of the training that they've been teaching right now.
16 We also had [REDACTED] and he came after 2016. Joel Fay is a
17 world-renowned expert on de-escalation, and suicide by cop, and
18 common case law. He comes and talks about all the different
19 issues affecting law enforcement in case law and mental health
20 issues. So, but that wasn't happening in 2016, none of those
21 classes were happening. Basically, it was just lectures about
22 mental health.

23 To be more specific, I can look at the syllabus, so you
24 guys have a specific lecture, whatever you're looking for.

25 INV. STONECIPHER: That would be great.

26 LT. MOLINA: On how, what was being taught back then,
27 because I'm kind of rambling here, and talking about what I felt
28 like the program has involved into, which is more robust and I

1 think is more comprehensive. It has improved a lot from what it
2 was back then; it has completely [overseen]. So, we have made
3 some changes with the advisory group, like the attorney Summer,
4 [Sam] sits with us, and we discuss what changes are being made.
5 And also, we have to discuss it with POST, because it's a POST-
6 certified class, so every time we make changes, we have to
7 discuss it with them.

8 INV. STONECIPHER: Now, do officers meet with anyone
9 from the community that has like benefited from an interaction
10 with a CIT trained officer?

11 LT. MOLINA: Yeah, the panels. Remember I was telling
12 you about the panels? We have people that come and share good
13 experiences and bad experiences?

14 INV. STONECIPHER: Uh-huh.

15 LT. MOLINA: We had a dad that will come in. This dad
16 has, at the time, they said, "Watch out for this guy. He comes
17 in and talks about his experiences with his son and the police
18 department." And basically, what he will do is he will go look
19 for his son, right, because his son [unintelligible], and he's
20 homeless. He will grab a video camera and he will call for the
21 officers. He will videotape it and see how they react to it,
22 without the officers knowing that they're being taped. So, he
23 will come and talk about it to the officers, and sometimes, he
24 will specifically ask for a CIT trained officer, because that's
25 something that we tell the community.

26 Especially with NAMI panelists, they do a lot of community
27 outreach. They tell their own clientele and their own patients,
28 "Hey, if you go into a crisis," or the families, "If your son or

1 daughter goes into crisis, when you call 911, ask for a crisis
2 intervention trained officer, or a CIT trained officer to come.
3 They're the guys that will have a [unintelligible] out there,
4 their nameplate and everything, because they have received this
5 training." So, this dad will do that. He will call 911 and say I
6 want a specific officer, and he will pull up his video to see
7 how they dealt with his son. Sometimes, he will come and talk
8 about the officers did great. Sometimes, "Uh, my God. They did
9 this and they did that." So, it went back and forth with him. He
10 will come in and we share books and everything, so we definitely
11 have civilians coming in and talking to our officers.

12 INV. STONECIPHER: And what materials are provided to
13 the officers? In other words, like textbooks or any kind of
14 educational literature?

15 LT. MOLINA: During handouts, sometimes instructors will
16 bring their own. If they ask us to make copies for them, then we
17 will have a record of it. Like NAMI was doing, I don't know if
18 it started before 2016, but they did a pre-servicing after. A
19 pre- and post-service of the officers, because they wanted to
20 see how the officers felt about certain issues of mental health
21 before they started the 40 hours. They did the same evaluation
22 at the end, so they can measure whether the training had changed
23 people's attitudes or perceptions of mental health. So, that
24 stuff I have.

25 And like I said, handouts. They will pass them out, and
26 they were given to the officers, but we kept the binder and
27 things that were given to me, so I can look into that if you
28 guys want a look at it.

1 INV. STONECIPHER: Yeah, definitely. Now, you said there
2 was some of the training includes, I guess, scenario-based
3 training?

4 LT. MOLINA: Yes.

5 INV. STONECIPHER: And what's the percentage of that,
6 would you say?

7 LT. MOLINA: I don't want to speak, but I...

8 INV. STONECIPHER: Just an estimate.

9 LT. MOLINA: Yeah, six to eight hours. So, we do a
10 difference in [hours]. Right? We have San Francisco Suicide
11 Prevention, that they do a lecture, and they're doing hours and
12 hours when they're teaching a class. And then, at the time when
13 I was new to the program, we usually did the scenarios twice
14 during the week, so it's about eight hours, four-hour blocks. We
15 used the same students for role playing, the same officers. And
16 that was good sometimes and it was bad, because I felt like the
17 cop just feels sorry for the other cop, so he's going to give
18 into whatever, and said, "Let's try something different." So, we
19 looked at a private contractor that does role playing. It's
20 called, A Point Across, and they actually have professional
21 actors, and they will come in and do the role playing for us.

22 We will simulate calls of a flashback, kind of a PTSD. We
23 have a suicidal girl that the counselor was talking to, and then
24 he noticed like she's been cutting herself, and had the officer
25 come and respond. We also had a person in crisis at a parking
26 lot in Safeway. She was just having a bad day, and the officer
27 had to sort it out. Was this mental health or was this just
28 somebody having a bad day? We have roommates, where one believed

1 he was madly in love with him and suffering from schizophrenia.
2 One goes on vacation, and when he comes back, the whole house is
3 just completely destroyed. So, you know, deal with that.

4 We also talk about dementia in the elderly. How sometimes
5 that affects people that don't recognize. Like, "Uh, my God, who
6 are you?" You've been there for 40 years, and it was something
7 like people had dementia and stuff. So, have a different array
8 of role playing, and we'll just [unintelligible] the officers,
9 verbally give them some feedback, and guide them to especially
10 safety. Because, you know, we tend to lower our guard sometimes,
11 when we're talking to people as a police officer, if you feel
12 comfortable enough, but we know we always maintain officer
13 safety. Officer safety. You haven't searched that person, you
14 still haven't done this. Look at where you're standing, and
15 stuff like that. So, we have different guidelines on that. So,
16 we were trying to measure what was done in the classes by doing
17 the role playing.

18 INV. STONECIPHER: Now, you're saying this training
19 wasn't done at the Academy. So, you didn't touch anything like
20 the firearms training simulated, the FATS trainer?

21 LT. MOLINA: No, not back then, no.

22 INV. STONECIPHER: Okay.

23 LT. MOLINA: Not back then, no.

24 INV. STONECIPHER: Do all officers have homework or
25 required reading during the course?

26 LT. MOLINA: Not that I can recall, no.

27 INV. STONECIPHER: Let's see here. And do officers have
28 oral, or scenario based, or written exams to test their

1 knowledge?

2 LT. MOLINA: No, just the scenarios.

3 INV. STONECIPHER: Uh-huh.

4 LT. MOLINA: Yeah.

5 INV. STONECIPHER: Okay. Can an officer fail the course
6 or not become certified, based on participation or merit?

7 LT. MOLINA: Well, I feel like it's just a dead body
8 there, why would I want to pass this person? Yeah. No, I would
9 make sure, but I don't have that recollection of failing
10 anybody. Most of the officers will engage. If I saw that
11 something like that was happening, like people have attitudes,
12 right, I will pull that person aside and have a conversation
13 with them. Maybe he wasn't the right person to be there, and
14 called the police, I mean, the district where that person came.
15 I had a conversation with his supervisors and decided what was
16 going to happen, but I never had a situation where I had to
17 remove any officer from the training because of that.

18 INV. STONECIPHER: Okay. Now, kind of based off of what
19 we were looking at online, it looks like there's a wide variety
20 of topics that are kind of covered during the CIT course.

21 LT. MOLINA: Yes, the syllabus.

22 INV. STONECIPHER: Yes. Are there any certain topics
23 that you spend more time on than others?

24 LT. MOLINA: Well, there is. Like PTSD, Post-Traumatic
25 Stress, right? We give Doctor [REDACTED] like three-and-a-half hours
26 because he has implicit bias. PTSD is a topic that, as you know,
27 it can be very volatile. Right? That incident that happened in
28 Napa, dealing with veterans coming back from all those different

1 wars that we have, service abroad. I think it's very important
2 for us, as a police department, to teach our officers what to
3 look for when we're dealing with veterans. There is a lot of
4 homeless veterans that are in the city, other people that are
5 living their lives, but also, it's important to recognize that,
6 and to try to prevent that. If you come into contact with a
7 veteran that you think might be suffering from PTSD, let's
8 engage that person with the Veterans Affairs Clinic that we have
9 here in San Francisco. We can provide resources and they can
10 pass out flyers to them. So, that's something that we do, pass
11 out flyers, know how to engage veterans and stuff, and get them
12 to a place of safety before you actually respond to a call where
13 a person has weapons.

14 We also do case law. Doctor [REDACTED] will give them a four-
15 hour block, because he combines different aspects of CIT. He
16 talks about suicide by cop. He talks about case law, street
17 negotiation-suicide negotiations. So, he gives, if you look at
18 the syllabus, but now though. Back then, we didn't have that
19 prior to 2016, so I'm sorry if I'm confusing you guys.

20 INV. STONECIPHER: No, no.

21 LT. MOLINA: But I feel like there is a big, significant
22 difference between what was happening in 2014, 2015, to what is
23 happening now with the program. The program has evolved, it has
24 completely changed for the better, I think, because Memphis
25 happened in 1988, in Memphis, Tennessee. This is San Francisco,
26 California, 2018, so we have to adapt. I know the basic is there
27 and we want to use that, but we have to adapt to what we have
28 here in California and San Francisco, specifically in our city,

1 and the population that we deal with. Completely different
2 population, completely different drug epidemics and stuff that
3 we're dealing with.

4 So, we felt like revising the program. The Curriculum
5 Committee got together and the Public Defender, [REDACTED]

6 [REDACTED] actually [had] a week to go sit in the
7 program, and we sat there next to, we sat there together, and
8 looked at what was being taught. We thought that there was a lot
9 of repetition, a lot of overlapping from instructor to
10 instructor. This is happening in 2015, 2016, and we said, "Okay.
11 We have to change some of this. We have to change some of this,
12 because it's overlapping a lot." So, I can send you what we
13 found out what was overlapping, so you can get an idea of how
14 the curriculum was changed.

15 I also felt like we needed to get...no offense to any of the
16 people that were teaching at the time, but I felt like we needed
17 to improve our faculty, and the way that we can improve it is by
18 getting the best people available. Right? I think we have to pay
19 them. So, I asked the Department for a budget. I said, "Hey. Do
20 have money to pay instructors?" And they said yeah, let's do
21 that. So, I was given a budget to pay for instructors, so I can
22 get the cream of the crop, and that has changed now. I feel like
23 right now, the program, I don't want to say day and night, but
24 it definitely has improved from what it used to be and how we're
25 teaching our officers.

26 We also saw their interactive role playing. Back then in
27 2015, 2016, Memphis, in their program, they don't discuss
28 approaching people in-crisis with a weapon. The role players

1 have no weapons involved, and I thought that was kind of a
2 disservice to our officers, because you're going to respond to
3 calls for crisis with people with weapons. But the mentality
4 back then was, "Well, we have other training that addresses
5 that." I say, yeah, but we've got to be able to address it here,
6 and how are we going to use de-escalation, approaching a person
7 with weapons?

8 So, I went to Washington D.C. with Chief Suhr, at the
9 beginning of 2016, to the Chief of Police conference—I think it
10 was January 2016. The new director, at the time, went with us,
11 also, the President of the Police Commission, a representative
12 from the Board of Supervisors, and this is past the Mario Woods
13 incident. Mario Woods happened in 2015, right, December?

14 INV. STONECIPHER: That's correct.

15 LT. MOLINA: So, this is the beginning of 2016, and
16 we're looking at different trainings, different trends from
17 across the United States. How can we improve our program? So, I
18 was invited to travel with them to Washington D.C., and Director
19 [Hicks].

20 INV. STONECIPHER: Yeah?

21 LT. MOLINA: I sat next to her for the entire
22 conference. And I cultivated some acquaintances from other
23 departments, and we looked at what Seattle is doing, and
24 Seattle, it was in the consent decree, and they had one of the
25 best tactical trainings that I thought it would be beneficial
26 for us. So, in the process of trying to improve the programs,
27 [you] say, "Can I travel to Seattle and look at what Seattle is
28 doing with the threat assessment field tactics training?" The

1 Department says, "Yeah, go ahead," and I recruited Sergeant
2 Donald Anderson. In 2016, the latter part of 2016, we traveled
3 to Seattle to look at what Seattle PD was doing, and there was
4 other agencies there looking at what Seattle PD was doing. And
5 we liked it, we really liked the different approach they have to
6 crisis, people in crisis with weapons, to which the [formation]
7 of a team concept.

8 You know, when you have in your state of, as officers, as
9 you know, police training, when you go through training, they
10 train you to respond as a Sam unit—we call it a solo officer.
11 You should be able to handle most of the situations by yourself.
12 So, what we saw back then was that traditional training across
13 the United States, if you look at all the videos involving
14 police officers, you have a group of officers saying the same
15 thing, "Drop the knife. Drop the knife. Drop the weapon," and
16 nothing else is happening, because that's what they teach in the
17 academies back then, after Columbine. You have to respond, you
18 have to do this, you have to do that. So, the training changed
19 and it evolved for the police departments across the nation.

20 So, what we saw was at one point or another, the officers
21 were responding as a group, but they were acting as individuals.
22 So, we need to change that, we need to change that part of the
23 training. So, what Seattle was doing is they had the officers
24 respond, but then the officers form a team, where only one
25 person talks. Once again, dealing with a person that is
26 suffering mental health issues. Right? They already might, may
27 be hearing voices. So, one communicator, one less-lethal
28 officer, one cover officer, because whenever you deploy less-

1 lethal, you have to have lethal cover, have an arrest team, have
2 a supervisor, and that's what Seattle was doing.

3 Well, obviously, Seattle is different than San Francisco,
4 and Washington State has different laws. They can carry openly.
5 They can carry guns anywhere they want in Washington. We don't
6 here in California, so we had to tweak it a little bit and adopt
7 it to our policy. We met with [Sam] in the policy committee, and
8 say, "Hey, let's put this in our policy for CIT." Unless you
9 have a copy of it, you will see that requires that team
10 response. So, looking at that and looking at the 40 hours, I
11 said, "Okay. So, we're teaching our officers all these classes
12 about mental health, but we're not getting into the meats and
13 potatoes, which is responding to a person with a knife.
14 Responding to a person with a baseball bat. How can we change
15 this?"

16 So, we looked at the role playing, and I said, "Well, we
17 have to improve the role playing. We have to change that. We
18 have to teach them how to respond. How to create this thing, how
19 to create a perimeter, as part of de-escalation. We've got to
20 teach them more de-escalation classes." Right? And I brought
21 this back. Sergeant Anderson and I put this program together for
22 the ten hours, and as you know, the CIT policy and the use of
23 force kind of married to each other, because they [call] for
24 each other's...if you read both of them, they're interfaced. So,
25 that passed in December of 2016, I think, December 21st, that
26 both policies were adopted. Since now, new policies were
27 adopted, we have to teach our officers about the policy. So, we
28 created a 20-hour training. The Academy is doing ten hours of

1 use of force, and CIT is doing the other ten hours of de-
2 escalation team formation. So, that was implemented at the
3 beginning of 2017.

4 So, looking at that, I said, "Hey, why don't we use kind of
5 the same base scenarios that we're using in the field tactics
6 approach to the 40 hours? The officers will benefit more."
7 Because when you have officers with the experience that are
8 coming to our 40 class, they say, "Well, I already know how to
9 talk to people. I already know how to do this. I already know
10 how to...teach me about how to approach somebody with a weapon and
11 use de-escalation skills." So, we brought the scenario-based
12 information that we have in the field tactics training, the ten
13 hours, into the 40 hours. So, now we have the training is three
14 days, [at the Scottish Rite] for the 40 hours, as of right now,
15 and the fourth day is done at the Academy, because we have
16 access to the blue guns and all the non-lethal weapons, and we
17 create scenarios there for them. They are more realistic to me,
18 and the evaluations are like great, this is what we needed. How
19 come we never had this training before? It's an awesome thing.

20 INV. STONECIPHER: Now, before December 2016, would you
21 say the CIT training was more about, it was more informational
22 about...

23 LT. MOLINA: Mental health.

24 INV. STONECIPHER: Mental health? And then afterward,
25 you started to incorporate more real scenarios about [dealing
26 with] weapons?

27 LT. MOLINA: Based on the feedbacks.

28 INV. STONECIPHER: Okay.

1 LT. MOLINA: Based on the feedback, officers were,
2 "Well, we already know how to talk to people. We already know
3 how to do this. We already have a base knowledge." Right? [LD36]
4 teaches mental health in the Academy, so they had received some
5 training, but what they were hungry for was how to respond to
6 people in crisis with weapons. We were not teaching that in CIT
7 until 2017, that we brought this training from Seattle. And now,
8 you can see the training, there's videos. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14 I have so many stories where the officers will call me and
15 say, "Damn, man. What you just taught us the other day, it
16 works." The culture has changed, for lack of a better word, on
17 what CIT was perceived as, because I'm being honest here. How
18 CIT was perceived prior to Mario Woods, it was just a training
19 program that was held like three or four times a year, and after
20 Mario Woods, then the Department changed their approach to CIT.
21 You can see that because in 2016, you had ten training sessions,
22 and prior to that we had three or four a year, sometimes five,
23 but it was in the history that [accurate], and in the past.

24 So, the training has changed, being I listened to the
25 feedback from the officers. "You want us to learn about this but
26 teach us about de-escalation tactics. This is about field
27 training," and that's how the training has evolved. I would
28 definitely agree with you that prior to that, it was very more

1 classroom-based training, not so much pro-active right now, as
2 far as responding to people in crisis. It touched the basic
3 mental health [first day], like, "Okay. We'll recognize what's
4 schizophrenia. We talk about signs and symptoms; bi-polar."

5 We don't ask our officers to diagnose, recognize the
6 behavior associated with mental health, because they're not
7 doctors, they're not clinicians. So, they're not there to
8 diagnose people, but to recognize some of the signs and symptoms
9 that are associated with mental health on somebody who is
10 actually high on any substance like methamphetamines, that
11 creates psychosis also. So, you have cocaine also. Right? So,
12 people can get into this psychosis, but it might not be mental
13 health, it might just be chemically induced. So, it's hard to
14 distinguish between the two, so we don't get into that. Okay?
15 "Well, no, you're high. No, you have mental health." No.
16 Recognize signs and symptoms, because they overlap, treat it as
17 the same. I don't want officers' time to diagnose people,
18 because they're not supposed to, but just to recognize that and
19 then you approach it the same way. Then let the doctors, let the
20 nurses, let the paramedics decide what the person is suffering
21 from, but you address it the same way, as far as you're
22 responding to a crisis. The difference is that somebody high on
23 meth or PCP will not respond as much as a person on mental
24 health. So, but you tried your best until you get more help, and
25 you get the medics there.

26 So, now that has changed. The program has changed, has
27 evolved, I think, for the better. Everytime we decide to make
28 changes, it's not just the police department saying we're going

1 to change this. We go back to the work group, the civilian
2 oversight, and we discuss it, and we discuss it with the
3 Curriculum Committee. You know, what will be good now. [REDACTED]

4 [REDACTED] was removed by Jeff Adachi. She was removed from
5 Behavioral Court, she was removed from the work group, and they
6 have not sent anybody to replace her. [REDACTED]

7 So, the persons now that I'm dealing with, doing the
8 curriculum, is [REDACTED], she is a psychologist, and she is
9 part of the Park District Advisory Board for the captains. She's
10 pretty much involved in a lot of advocacy for the city. I have
11 Doctor [REDACTED], who is also a psychologist, but he's also,
12 [unintelligible] of mental health treatment, so he's part of the
13 curriculum. Myself, Sergeant [Colleen], Sergeant Anderson, we
14 all get together, look at the training trends, what worked, what
15 didn't work, and then we decide whether there are any changes,
16 but then, when that occurs, reporting to [POST, also]. So, you
17 cannot change things without telling [POST]. [REDACTED]

18 INV. STONECIPHER: Okay. So, I just want to kind of get
19 into some of the topics that are covered through CIT training.

20 LT. MOLINA: Okay.

21 INV. STONECIPHER: So, verbal de-escalation standards.
22 Can you just briefly define what verbal de-escalation is for
23 somebody who doesn't know it is?

24 LT. MOLINA: Okay. So, we're just having a conversation.
25 Right? You see a person in-crisis and you say, "How are you
26 doing?" Obviously, the person is going through a bad day. You
27 know? So, we use TACT as an acronym, and we will give the
28 officers a little card. TACT stands for time, atmosphere,

1 communication, and tone, your tone of voice. So, each of them
2 breaks into different sub-groups. Communication use active
3 listening and use paraphrasing, and don't address their contact
4 of what they're saying, like, "Fuck you, motherfucker. I ain't
5 talking to you." All right. It's just like, "You're very angry
6 right now." You're basically saying don't get overwhelmed, but
7 they're saying, because it will affect you. As a human being,
8 you don't want to be called names, you don't want to have your
9 family members [unintelligible], and all this other stuff.

10 So, we teach the officers, don't pay attention to the
11 content of what is being said to you. Pay attention to the
12 feelings of why this person is doing what they're doing and
13 saying what they're saying to you. So, don't get caught up in
14 that ego stuff, also the ego part of it. Like if you're not
15 communicating with the person well, let somebody else come in
16 and take that position, maybe they can establish a better
17 communication channel. For whatever reason that person doesn't
18 like you, understand they don't like me and let somebody else do
19 that.

20 And atmosphere, look at the surroundings. What is
21 triggering the behavior? Why is this person mad? They're not mad
22 at you, because they're already mad when you got there, but just
23 your own mere presence can affect and change everything. It can
24 be a good thing because, "Uh, the cops are here. I better behave
25 or I better stop this." Or it can be a bad thing, because they
26 know now that, in the past, when officers showed up, they might
27 be taken to jail or they might be taken to psychiatric nursing.
28 So, things might escalate more.

1 So, atmosphere, communication, and time and distance.
2 Right? Create cover. Make sure that you have some type of
3 barrier between you and the person, if possible, especially with
4 a person that is pacing back and forth, and that's just in the
5 nature of being a police officer. I don't know if you guys ever
6 had a chance to go through the reverse training?

7 INV. STONECIPHER: What is it?

8 LT. MOLINA: Reverse training? [Sam did.] That's another
9 thing that we do. We bring instructors to reverse training,
10 where we teach them the use of force, and they go through the
11 same [unintelligible] like a police officer does. They have to
12 react to it, because we want our instructors to understand, a
13 little glimpse of what police work is like. So, in order to
14 teach our officers, you have to come to the training. Anyway, so
15 we tell our officers, sometimes pacing is a way of de-
16 escalating; people are venting. They might be mad about
17 something, they're not mad at you. So, we show them a different
18 set of videos from people's reactions, and we ask the officers
19 to look at that and write what level of threat that is, where
20 the person, their anger is focused on something else, not you.
21 When they start changing, "Don't do this, don't do that." That
22 is [unintelligible], so, now you should be retreating and
23 getting cover and calling for more assistance.

24 So, we do that and address that. So, there's an array of
25 topics that we teach on de-escalation. Mainly, it's active
26 listening and empathy. You've got to meet people where they're
27 at, because they might be having the worse day of their lives,
28 and you may be having the worst day of your life too. Now, the

1 two of you, by destiny, get together, and that's when you go,
2 okay, well, game face. Right? This is what I'm paid to do, this
3 is what I want to do. Pay attention to what's going on, be
4 empathetic, active listen, and paraphrase. Give the information
5 back, "Well, I hear you that you're saying this. Is that
6 correct? Is this what's upsetting you? What else can I do for
7 you?"

8 Instead of, "Drop the knife. Drop the knife. Drop the
9 weapon." If you say it five or six times, I know the law
10 requires you to give a warning ending in a consequence. Right?
11 Say it, put it out there, that's what the law requires, but then
12 it's like, "Hey, why do you have that knife? What's making you
13 so upset that you [breaking] that? Can we talk about it?" And
14 like, "Uh?" And we do that in the scenarios, we teach that.

15 INV. STONECIPHER: How has that changed since like 2014,
16 2015?

17 LT. MOLINA: Drastically.

18 INV. STONECIPHER: Okay.

19 LT. MOLINA: Because the training that we brought in
20 2017 from Seattle addresses all that.

21 INV. STONECIPHER: Okay.

22 LT. MOLINA: TACT has been a while back and TACT was
23 being used, but it was just a card that officers got. Now, we're
24 using that basic information. We implement it and put it into
25 the scenarios and they have to use it. We can tell whether the
26 officer is using it and they are practicing that all the time.
27 So, that's the de-escalation part of it. I would say they get
28 about three or four hours on de-escalation, three or four hours,

1 because the instructors do their own de-escalation too. Like
2 Doctor [REDACTED] he talks about TACT and he talks about other
3 types of de-escalation to his section. PTSD Instructor Doctor
4 [REDACTED], he does the same thing. So, when you look at it,
5 it's kind of hard to quantitate how many hours they actually
6 get, but I will tell you it's more than five hours of de-
7 escalation.

8 INV. STONECIPHER: Okay. Now, what techniques are taught
9 on how to develop a rapport with an individual?

10 LT. MOLINA: We talk about being polite to people, to
11 begin with. We do a section on self-care, where the officer has
12 to...well, back then, there wasn't so much self-care, now there
13 is. I have Captain Jack Hart comes in and talks about the
14 nobility of policing. What made you decide to be a police
15 officer? You guys know this. After a few years in police work,
16 people become cynical, people become jaded, because they see the
17 same thing over and over happening, probably with the same
18 person or the same criminal acts, and not much is changing.

19 So, we talk about that. We talk about how to overcome that.
20 How to be that one recruit, so many years ago, you entered the
21 police department with one intention, and the majority will tell
22 you to help people. To make changes out there, to make the world
23 a better place. So, at the beginning of the 40 hours, now we try
24 to bring this group back to that, what made you become a police
25 officer. I think that's a good segue into the rest of the week.
26 Back in 2016, we were not doing that.

27 The introduction was me talking about dispatching
28 everything, and then we did something called, mental health

1 jeopardy that was done by [REDACTED]. Talked about the
2 mental health system and how it has failed to a lot of people,
3 and that's why we're dealing with the crisis that we're dealing
4 with right now. And she was very honest about it, on how the
5 police department has become the leading agency in the city on
6 dealing with mental health, which is not, it's designed for,
7 [unintelligible] health, but we have become that.

8 So, we changed that too, the nobility of policing, and get
9 the officers back on-track, and the reasons why they joined the
10 Department is to assist people, and to recognize that, and that
11 has changed. It puts the officer in a better light,
12 [unintelligible]. So, now that the training has become
13 mandatory, it's no longer volunteer, because Chief Suhr changed
14 that. In 2016, he said that the entire Department will be
15 trained in CIT, and not just the 20 percent. So, now, everybody
16 has to go through it, and I don't see as much resistance as I
17 did in the past, because now, since we implemented tactical
18 training, and we implemented all these different things,
19 officers feel like, "Okay. This is good training. This is
20 basically, it's helping me on the streets." I get emails or
21 phone calls saying, "Hey, that helped out. It worked. What you
22 guys taught us worked." So, it completely changed everything. I
23 don't want to say day and night, because that shouldn't be, it's
24 not fair to what was happening before, but it has greatly
25 improved. The training has greatly improved from back then.

26 INV. STONECIPHER: Okay. So, oftentimes, you'll have
27 situations where maybe several officers will respond to a scene.
28 How are the officers taught how to figure out who's going to be,

1 which officer is going to develop the rapport with the
2 individual?

3 LT. MOLINA: Whoever establishes communication. If
4 that's working, we'll let that officer take it. And we teach
5 that, because if you're familiar with the police department, we
6 have the CIT program and we have the HNT also, hostage
7 negotiators.

8 INV. STONECIPHER: Right.

9 LT. MOLINA: That might respond to a scene. So, what we
10 teach our officers, you're CIT trained, certified after those
11 40 hours. We encourage you to first respond to that and try to
12 establish communication. But if you respond and there's another
13 officer already there who might not be trained, but has already
14 established rapport with the person and is doing great and is
15 getting the person to comply, let that person continue doing
16 what they are doing. You become their coach.

17 Like if you see something...like the negotiators do. Right?
18 They do usually negotiations in pairs. You become that coach and
19 go, "Hey, it seems like you said this word, the person reacted
20 better. Stay away from that, don't say that anymore, because the
21 person gets pissed off when you say that." You become, you start
22 telling them in their ear, you're next to them. You say, "Hey."
23 Because as officers, we all do this, when we talking to
24 somebody, you tend to approach the person. [Unintelligible]
25 distance. Right? So, if you see that, go stop the person and
26 say, "What are you doing? You're getting too close." Especially
27 with a jumper or somebody who's in a crisis who might be holding
28 something. Like, "What are you doing? Keep that distance."

1 So, if you have a person already establish a rapport, let
2 that person continue. If that person is struggling, then have
3 that person introduce you. "Hey, it seems like to me, you really
4 don't want to talk to me anymore. Tell you what, I just got my
5 boss here, or my partner. He's so-and-so, and he's going to talk
6 to you. All right? I'm just going to take a break." We tell them
7 to introduce the other person into the crisis. So, the best
8 communicator, like you said, it doesn't matter about rank, it's
9 about who has established rapport with the person, and will
10 [leave that evil] out at the door.

11 INV. STONECIPHER: Okay. So, once you establish who that
12 primary officer is who's establishing the rapport with the
13 individual, what roles do the other officers play?

14 LT. MOLINA: So, on the new phase...back then, we just
15 thought about, just continue what you're doing. In the new role,
16 now the other officers have, if you have a [unintelligible]
17 team, that is everybody on that team has received the 40 hours.
18 Right? I don't know if you guys understand the concept of what
19 the CIT team is. Right? Then you can be the person directing
20 traffic. You can be the person asking for resources. You can be
21 the person telling the sergeant, "Hey, this is what we have."
22 Everybody should have a role. Or you be the person talking to
23 family members, "Hey, what happened? What kind of medicine is he
24 taking? Is he seeing a psychiatrist? Is he seeing a clinician?
25 How does he come down before? What did you guys said or do to
26 him? Does he like police cars? Does he like sirens? Does he get
27 more irate when all these things are happening?" So, you should
28 be the information gatherer. So, everyone has a role. Everyone

1 should be doing a role. And the sergeant will come in and
2 designate roles, if they received that training.

3 INV. STONECIPHER: Got you. Okay. We're getting really
4 close to 11:30.

5 LT. MOLINA: Okay.

6 INV. STONECIPHER: So, I think we're going to have to
7 stop. So, you have prior engagements, so, we'll have to continue
8 this at another time. So, I'm going to conclude it, stop the
9 interview. The official time is 11:25 a.m.

10 END OF DOCUMENT

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